

**Emergency Disbursing Officer/Agent Procedures**  
**In Support of Hurricane Katrina Relief Efforts**  
(Version #1)  
September 6, 2005

1. Purpose. The purpose of this document is to consolidate and issue disbursing officer/agent procedures and guidance in regards to Hurricane Katrina (HK) relief efforts. As such it covers the following areas:
  - a. Personal check cashing for those affected by HK and those assisting in relief efforts.
  - b. Local or advance payments for military members and civilian employees of the Department of Defense, Health and Human Services (HHS) or the Department of Energy (DOE).
  - c. Payment of monetary allowances for family members of military service members or civilian employees directed to evacuate from their homes.
  - d. Payment of vendors affected by HK.
  - e. Local payment of vendors in support of HK relief efforts.
  - f. Payment of claims for personal property/equipment lost or damaged due to HK.

This document applies to all DoD disbursing offices. This includes finance operations that have been activated due to the relief effort as well as those permanent finance offices currently in existence. This document is meant to relay critical guidance and procedures that will be followed under the emergency conditions associated with HK relief efforts. It is DoD level guidance and should be considered to have the same force as DODFMR Volume 5. As new information becomes available or conditions change, a new version of this document will be issued. Attached as Annex A is a summary of applicable policy regarding certain disbursing procedures.

2. Personal Check Cashing. Due to impacts of HK on the financial infrastructure in the affected area, the need exists to cash personal checks. Thousands of military from all branches of service will be in the area along with employees from many other Federal agencies. Authority has been granted to disbursing officers to provide check cashing services throughout the continental United States (CONUS) where no financial infrastructure is available. This authority extends to their agents operating in field locations. If you are operating under a disbursing station symbol number (DSSN) other than one assigned to a DoD disbursing officer that has been granted authority to provide check cashing services, you must request this authority in your own right. Requests should be submitted through the Disbursing Policy and Procedures Section, Financial Services and Disbursing, Defense Finance and Accounting Service – Kansas City (DFAS-DOSD/KC), 1500 E. 95th Street, Kansas City, MO 64197-0030 or via email at DFAS-DOSD@dfas.mil. The justification for your request should be to support HK relief efforts.

- a. Eligible individuals to access check cashing services include the following:
  - (1) Members of the U. S. Armed Forces.

- (2) DoD/Department of Energy/Health and Human Services Civilian employees of the U.S. Government.
- (3) U.S. military retirees and annuitants.
- (4) U.S. citizens who are employees of authorized non-governmental agencies, such as the American Red Cross.
- (5) U.S. citizens who are contractors and serve under a contract associated with a U.S. Government Agency.
- (6) DoD dependents only of 2a(1) thru 2a(4) above.

- b. Proper identification is required (e.g., DoD ID, driver's license, US passport). In case an individual does not have adequate identification due to loss of all forms of ID, disbursing officers and agents will follow the procedures set forth in Annex B.
- c. Individuals must complete and sign a DD Form 2761 (personal check cashing agreement) agreeing to immediate payroll deduction if the check is dishonored.
- d. Dollar amount of checks cashed will not exceed the limits set by the Joint Task Force Commander. Currently, the JTF Commander is setting a dollar limit on personal check cashing in the amount of \$745 per day. If the JTF Commander adjusts this check cashing limit it will be distributed through any and all financial management communication channels.

3. Local Payments: Local payments include military pay, civilian pay, advance payments, casual pay, travel pay, etc. In regards to the military these type payments are frequently referred to as "casual and/or advance payments." In regards to civilian pay, these payments are referred to as "special payments". In either case, the end result is a payment is made and subsequently deducted from the individual's pay. Payments for the military service members will follow procedures as outlined in the DoD FMR Volumes 7A, 7B for military, Volume 8 for civilians, and Volume 9 and the Joint Travel Regulations for all travel payments. Special payments for civilian employees of the DoD, HHS or DOE will follow the procedures as outlined in Annex C. Military casual and advance payments will be made on the DD Form 117 (Military Pay Voucher) or the DD Form 1351-6 (multiple Payments List). The DD Form 117 will be used in instances where single payments are being made to military service members. In cases where multiple payments are being processed, the DD Form 1351-6 will be used. The DD Form 2461 (Authorization for Emergency Evacuation Advance and Allotment Payments for DoD Civilian Employees) will be used for all civilian payments. Block 21 of the DD Form 2461 will indicate the amount of the payment, date paid, and voucher number. The applicable pay period for which this payment is being made is to also be annotated in Block 21. Payments for DoD travel are to be made on DD Form 1351-2 (Travel Voucher or Subvoucher). As with personal check cashing, proper identification is required. For individuals not possessing proper identification the procedures outlined in Annex B are to be followed.

4. Evacuation Allowances: Military and civilian family members are entitled to evacuation allowances when authorized/ordered to leave a CONUS location because of unusual/emergency circumstances. Our experiences to date in regards to evacuation allowances relate to overseas evacuations that process through a central point. Due to the nature of the HK evacuation, families have evacuated themselves throughout the United States so we must be prepared to make these payments anywhere a disbursing operation

is located. Procedures regarding these payments are at Annex D. As with personal check cashing and the making of local payments, proper identification is required. For individuals not possessing proper identification the procedures outlined in Annex B are to be followed.

5. Vendor and Claims Payments: In some cases small vendors may be located in the affected area and they have not received payment, either due to non-delivery of a check payment or an EFT payment not being processed due to a problem with their financial institution. Procedures to be followed in regards to this situation are found at Annex E. Local procurement in support of relief efforts by finance operations moving into the affected area will mean local cash payments. Procedures in regards to this mission are found at Annex F. As military families begin to assess their situation in the aftermath of HK, claims for lost or damaged personal property may be payable and due to local conditions, service members may want this payment to be made in cash. Procedures in regard to these payments are found at Annex G.

6. Activity Reporting Requirements: HK relief effort is a major operation for the DoD and as such needs to be tracked. A report format is attached at Annex H, which describes the information you are to report on a weekly basis. Reporting requirements relate to those mobile or fixed operations in the area of devastation and also those operations outside the affected area, which may be offering assistance to evacuees. This report will be provided every Tuesday effective September 13, 2005. Your information is to be forwarded to Ms. Traci Bos ([traci.bos@dfas.mil](mailto:traci.bos@dfas.mil)) or Ms. Marsha Shultz ([marsha.shultz@dfas.mil](mailto:marsha.shultz@dfas.mil)). Either of these individuals can be reached at (317) 510-6611 for assistance.

7. In case the procedures contained here or in any of the following annexes are not clear, the following points of contact by functional area are provided:
- a. Disbursing operations to include check cashing:
    - (1) Air Force disbursing operations – Mr. Jackie Miller at (303) 676-6094 or email [jackie.miller@dfas.mil](mailto:jackie.miller@dfas.mil).
    - (2) Army disbursing operations – Mr. Joe Myrda at (317) 509-7765 or email [joseph.myrda@dfas.mil](mailto:joseph.myrda@dfas.mil).
    - (3) Navy disbursing operations – Mr. Don Busi at (216) 204-7601 or email [donald.busi@dfas.mil](mailto:donald.busi@dfas.mil).
    - (4) Vendor pay disbursing operations – Ms. Shawn McCracken at (614) 693-6525 or email [shawn.mccracken@dfas.mil](mailto:shawn.mccracken@dfas.mil).
    - (5) Retired and annuitant pay disbursing operations – Ms. Gail Tichy at (216) 204-3377 or email [gail.tichy@dfas.mil](mailto:gail.tichy@dfas.mil).
  - b. Disbursing policy – Ms. Mary Golden at (703) 607-5051 or email [mary.golden@dfas.mil](mailto:mary.golden@dfas.mil) or Mr. Pat Beckerle at (703) 607-0862 or email [patrick.beckerle@dfas.mil](mailto:patrick.beckerle@dfas.mil).
  - c. Military pay entitlements active and reserve – Ms. Cindy Garcia at (317) 510-3103 or email [cindy.garcia@dfas.mil](mailto:cindy.garcia@dfas.mil).
  - d. Civilian pay assistance – Mr. Michael Johnson at (850) 473-6020 or email [michael.johnson@dfas.mil](mailto:michael.johnson@dfas.mil) // Ms. Debra Flathau at (850) 453-4141 ext. 1365/1563 or email [debra.flathau@dfas.mil](mailto:debra.flathau@dfas.mil)
  - e. Evacuation allowances – MAJ Susan Gillison at (317) 510-2164 or email [susan.gillison@dfas.mil](mailto:susan.gillison@dfas.mil)

- f. Travel entitlements – MAJ Susan Gillison at (317) 510-2164 or email [susan.gillison@dfas.mil](mailto:susan.gillison@dfas.mil)
- g. Vendor pay issues and payment – 1-800-756-4571, option #6.
- h. Inquiry service military active and reserve – 1-888-DFAS411
- i. Inquiry service civilian – 1-800-538-9043
- j. Inquiry service retired and annuitants – Ms. Denise Decluette at (216) 204-4211 or email [denise.decluett@dfas.mil](mailto:denise.decluett@dfas.mil) // Ms. Rita Hoge at (216) 204-3754 or email [rita.hoge@dfas.mil](mailto:rita.hoge@dfas.mil)
- k. Relief information hotlines of a general nature that individuals arriving at your operations may need access to:
  - “Military Onesource” Support (All Services) at 1-800-342-9647 or website [www.militaryonesource.com](http://www.militaryonesource.com).
  - U.S. Marines 1-800-847-1597
  - U.S. Army 1-800-833-6622
  - U.S. Army Reserve 1-877-464-9330
  - National Guard 1-888-777-7731
  - U.S. Air Force/Keesler AFB 1-800-435-9941
  - U.S. Navy 1-877-414-5358
  - Red Cross Armed Forces Emergency Service Center 1-877-272-7337

//Signed//

Thomas E. Roberts  
Deputy Director for Pay  
Military & Civilian Pay  
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**Annex A**  
**DOD ENTITLEMENT AND CHECK CASHING - DISBURSING POLICY**

- **ENTITLEMENT PAYMENTS.** Disbursements are for payments to an individual or organization for goods furnished or services rendered. All disbursements must be supported by one of the types of formal disbursement vouchers. The disbursement voucher is the authority for disbursing officers (DOs) to make payments of government obligations and is the source documents for liquidation of obligations. The applicable entitlement areas have complete responsibility for assuring that payments to individuals or organizations are valid, that vouchers have complete and accurate data, and that certifying officers signatures on vouchers prepared and certified outside the disbursing office are authentic before forwarding to the disbursing office for payment by electronic funds transfer (EFT), U.S. Treasury check, or cash payment.
- **EFT PAYMENTS.** EFT entitlement payments are automatically deposited into the bank account of all DoD military members, DoD civilian employees, DoD contractor/vendors, and military retirees and annuitants.
  - **Non-Receipt of EFT Payments**
    - Direct the payee to contact DFAS at the appropriate number in Attachment 1 which can be found on the DFAS web site at [www.dod.mil/dfas/about/contacts/#NUMBERS](http://www.dod.mil/dfas/about/contacts/#NUMBERS) or to the appropriate DoD disbursing office that issued the payment.
    - EFT payments returned to DoD disbursing offices will be collected back into the original appropriation and the DO will notify the appropriate entitlement area of the return.
    - The entitlement area will generate a new payment and provide the DO with a new payment voucher based upon information provided by the payee, i.e., new EFT information or proper mailing address if a check is to replace the EFT.
- **CHECK PAYMENTS.** Check entitlement payments are either mailed or hand-delivered to the individual payees.
  - **Non-Receipt of Check Payments**
    - Direct the payee to contact DFAS at the appropriate number in attachment 1 which can be found on the DFAS web site at [www.dod.mil/dfas/about/contacts/#NUMBERS](http://www.dod.mil/dfas/about/contacts/#NUMBERS) or to the appropriate DoD disbursing office that issued the payment.
    - Only the DO that issued the original check can issue a recertified payment.
    - The DO will have the payee complete a DD 2660 (Statement of Claimant Requesting Recertified Check).
    - Upon receipt of the DD 2660 from the payee, the DO will reissue payment to an alternate address provided by the payee.
    - The local DO may provide the payee a hardcopy DD 2660 if available, and fax it to the appropriate DoD disbursing office for processing.
- **LOCAL CASH PAYMENTS.** Local cash payments include military pay, civilian pay, advance payments, casual pay, travel pay, etc.
  - Cash payments must be picked up and the voucher signed by the individual who is entitled to the payment (the payee).
  - Payments by cash shall not be made until positive identification of the payee has been established by the entitlement office.

- The signature obtained on vouchers shall be compared to signatures on identification cards or other accessible forms of identification, e.g., DoD ID, driver's license, U.S. passport.
- In the absence of any proper form of identification the entitlement area must complete the attached checklist verifying the identity of the individual to receive the entitlement and forward it with the certified payment voucher to the disbursing office making the payment.

- **CHECK CASHING SERVICE**

- **ACCOMMODATION EXCHANGE (CHECK CASHING SERVICE).** Title 31, United States Code (U.S.C.), section 3342, authorizes disbursing officers to provide check cashing and accommodation exchange service. The negotiable instruments that a DO is authorized to cash are: U.S. Treasury checks; U.S. Postal money orders; travelers checks; bank money orders; certified and cashiers checks drawn on U.S. banks; and personal checks drawn on U.S. banks or credit unions in U.S. currency and payable in U.S. currency. Department of Defense (DoD) Financial Management Regulation Volume 5, Chapter 4 extends check cashing services to all personnel permanently assigned to units in the area served by the disbursing officer (DO) and, when necessary, other personal check cashing privileges may be provided by DOs of another activity or Component when approved by the DO's commander.

The above procedures are modified as follows in support of Hurricane Katrina:

- The Joint Task Force Commander will establish the check cashing limitations for all DoD disbursing offices.
- Department of Energy (DOE) and Health and Human Services (HHS) civilian employees are included in this policy.
- **DoD/DOE/HHS Civilian, Military Active Duty, Retirees and Annuitants**
  - If the payee has a valid DoD/DOE/HHS ID, before cashing a negotiable instrument, the DO, Deputy DO (DDO), paying agent or cashier shall verify the identity of the payee against the valid ID.
    - ❖ Payees must complete the DD Form 2761 (Personal Check Cashing Agreement) agreeing to immediate payroll deduction if the check is dishonored.
  - If the payee has no valid ID the following policy applies:
    - ❖ The payee must be verified against the appropriate entitlement data base.
    - ❖ The DO or his designee shall obtain from the payee, his/her name, Social Security Number, date of birth and record of address (if the entitlement system provides these data fields), and Service or Agency affiliation (DoD/DOE/HHS).
    - ❖ Verification can be obtained by contacting telephonically or electronically the appropriate entitlement office or DFAS at (317) 510-7184.
    - ❖ The DO must complete the attached checklist used to verify identity of the payee
  - If a third party with a valid DoD/DOE/HHS ID can testify to the identity of the individual, no further verification is necessary.

- Dependents of Military Members and Retirees

- If the dependent has a valid DoD ID and a DD Form 2761 (Personal Check Cashing Agreement) from the sponsor, before cashing a negotiable instrument, the DO, Deputy DO (DDO), paying agent or cashier shall verify the identity of the individual against the valid ID.
- If the dependent has no valid ID and presents a DD Form 2761 from the sponsor, the following policy applies:
  - ❖ The dependent's identity must be verified against the Defense Eligibility Enrollment Reporting System if available at the site.
- If a third party with a valid DoD ID can testify to the identity of the individual, no further verification of identity is necessary.
- If a third party is unavailable, the DO or his designee shall obtain from the dependent, the sponsor's name, Social Security Number, date of birth and record of address (if the entitlement system provides these data fields), and Service affiliation for verification against the appropriate entitlement data base.
  - ❖ The DO must complete the attached checklist used to verify identity of the payee.
  - ❖ Verification can be obtained by contacting telephonically or electronically the appropriate entitlement office or DFAS at (317) 510-7184.
  - ❖ Payment shall be made only after verification of the dependent's identity, sponsor's information, and presentation of the DD Form 2761.

- Dependents of DoD Civilians

- Dependents of DoD civilians with a valid State or Federal ID with a picture or a U.S. passport and a DD Form 2761 from the sponsor, are required before the DO cashes a personal or sponsor's negotiable instrument.
- If the individual has no valid ID and presents a DD Form 2761 from the sponsor, the following policy applies:
  - ❖ If a third party with a valid DoD ID can testify to the identity of the individual, no further verification of identity is necessary.
  - ❖ If a third party is unavailable, the DO or his designee shall obtain from the dependent, the sponsor's name, Social Security Number, date of birth and record of address (if the entitlement system provides these data fields), and Agency affiliation for verification against the civilian payroll data base.
  - ❖ The DO will complete the attached checklist used to verify identity of the payee.
    - ❖ Verification can be obtained by contacting telephonically or electronically the appropriate entitlement office or DFAS at (317) 510-7184.
    - ❖ Payment shall be made only after verification of the dependent's identity, sponsor's information, and presentation of the DD Form 2761

- DoD Contractors
- A contractor must have a valid DoD ID and letter of indemnity from the parent contractor company to guarantee reimbursement to the government for non-sufficient funds.
- If the individual has no valid ID and has a letter of indemnity from the parent contractor company, the following policy applies:
  - ❖ If a third party with a valid DoD ID can testify to the identity of the contractor, no further verification of identity is necessary.
  - ❖ If a third party is unavailable, the DO or his designee shall obtain from the contractor his/her Social Security Number, date of birth and record of address (if the entitlement system provides these data fields), and Agency affiliation for verification against the DEERS data base.
  - ❖ The DO will complete the attached checklist used to verify identity of the payee.
  - ❖ Payment shall be made only after verification of the contractor's identity and receipt of a letter of indemnity.

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**Annex B**  
**Verifying the Identity of Personnel Requesting Payments**

**CHECKLIST FOR VERIFICATION OF IDENTITY OF AUTHORIZED RECIPIENTS  
WITHOUT VALID IDENTIFICATION AFFECTED BY HURRICANE KATRINA**

Local Cash Payments for Entitlements

1. Did you complete a checklist to identify the payee requesting payment for entitlement?
2. Did you obtain the payee's name, SSN and DOB (if the entitlement system provides these fields), home address and Service/Agency?
3. Did you check the payee's information against the extracted listing of affected individuals, if available? Contact DFAS at (317) 510-7184 to verify identification.
4. Did you verify the information against the appropriate database by contacting the appropriate entitlement/DEERS office?
5. Did you make a military payment, civilian payment, advance payment, casual payment, travel payment based on a certified voucher and verification of the payee's ID?
6. Did you attach the checklist with the payment voucher?
7. If you are an agent in the field, did you forward the certified payment voucher with supporting documentation and the checklist to the disbursing office?

Check Cashing Services for Military Active Duty, Retirees, Annuitants, DoD/DOE/HHS Civilians

1. Did you complete a checklist to identify the payee requesting check-cashing service?
2. Did the payee complete the DD Form 2761 (Personal Check Cashing Agreement)?
3. Did you obtain the payee's name, SSN and DOB (if the entitlement system provides these fields), home address and Service/Agency?
4. Did you check the information provided by the payee against the extracted listing of affected individuals, if available? Contact DFAS at (317) 510-7184 to verify identification.
5. Did you verify the information against the database by contacting the appropriate entitlement/DEERS office?
6. Did a third party identify the payee?
7. Was payment made after verification of the identity of the individual?

Check Cashing Service for Military Members and Retiree Dependents

1. Did you complete a checklist to identify the payee requesting check-cashing service?
2. Did the payee have a completed DD Form 2761 (Personal Check Cashing Agreement) from the sponsor?
3. Was the sponsor with the dependent to verify the DD Form 2761?

4. Did you obtain the sponsor's name, SSN and DOB (if the entitlement system provides these fields), home address and Service/Agency information from the payee?
5. Did you obtain the payee's name, SSN and DOB (if the entitlement system provides these fields), home address and Service/Agency?
6. Did you check the payee and sponsor information against the extracted listing of affected individuals, if available? Contact DFAS at (317) 510-7184 to verify identification.
7. Did you verify the information against the database by contacting the appropriate entitlement/DEERS office?
8. Did a third party identify the payee?
9. Was payment made after verification of the dependent's identity, sponsor's information, and presentation of the DD Form 2761?

#### Check Cashing Service for Dependents of DOD Civilian Dependents

1. Did you complete a checklist to identify the payee requesting check-cashing service?
2. Did the payee have a completed DD Form 2761 (Personal Check Cashing Agreement) from the sponsor?
3. Was the sponsor with the dependent to verify the DD Form 2761?
4. Did you obtain the sponsor's name, SSN and DOB (if the entitlement system provides these fields), home address and Service/Agency information from the payee?
5. Did you verify the sponsor information against the extracted listing of affected individuals, if available? Contact DFAS at (317) 510-7184 to verify identification.
6. Did you verify the sponsor information against the database by contacting the appropriate entitlement/DEERS office?
7. Did a third party identify the payee?
8. Was payment made after verification of the dependent's identity, sponsor's information, and presentation of the DD Form 2761?

#### Check Cashing Service for DoD Contractors

1. Did you complete a checklist to identify the payee requesting check-cashing service?
2. Did the contractor have a letter of indemnity from the parent contractor company to guarantee reimbursement to the government for non-sufficient funds?
3. Did a third party with a valid DoD ID testify to the identity of the contractor?
4. Did you obtain the contractor's name, SSN and DOB (if the entitlement system provides these fields), home address and Service/Agency information from the payee?
5. Did you verify the contractor's information against the extracted listing of affected individuals, if available? Contact DFAS at (317) 510-7184 to verify identification.
6. Did you verify the contractor's information against the database by contacting the appropriate DEERS office?
7. Did a third party identify the payee?
8. Was payment made after verification of the contractor's identity and receipt of a letter of indemnity?

**Annex C**  
**Procedures for Special Payments to Civilian Employees**

1. For Civilian employees granted special payments under Hurricane Katrina provisions, the following information must be documented and annotated on the appropriate voucher form as prescribed in paragraph 3 of the basic document.

Name of Federal Civilian

SSN of Federal Civilian

Dollar Amount of Payment

Date of Payment

Voucher Number

Period Payment Covers (e.g. biweekly pay period ending September 3, 2005)

Reason for Payment (e.g. advance of pay, non-receipt of biweekly pay)

2. A copy of each voucher is to be forwarded to:

DFAS Civilian Pay

PO Box 33717

Pensacola, FL 32508-3717

**Annex D**  
**Evacuation Allowances for Military Service Members**  
**Civilian Employees, and Their Dependents**

1. Evacuation Allowances for Natural Disasters.

a. Uniformed Members and Their Dependents. Military members and their family members are entitled to evacuation allowances when authorized/ordered to leave a CONUS location because of unusual/emergency circumstances. This includes normal evacuations when service members and family members move from one area to another (both areas may be in the same/different cities), and limited evacuations when dependents move from their CONUS residences to the nearest available accommodations.\*

b. DOD Civilian Employees and Their Families. Civilian employees and/or families are authorized evacuation allowances when authorized/ordered to leave a CONUS location because of unusual/emergency circumstances. Due to the wide range of circumstances and the variety of possible entitlements, this annex is provided as a reference guide in developing local plans for responding to unusual/emergency circumstances.\*

(Note: all evacuation orders must cite the evacuation funds citation (with the exception of the HHG transportation and storage).

2. Authorization to Evacuate.

a. Uniformed Members and Their Dependents. The decision to evacuate family members from an area rests with the individuals listed in JFTR, Par. U6051-b. The decision of local civil officials to evacuate an area is not sufficient. The appropriate military official must authorize/order an evacuation as local civil officials cannot obligate the expenditure of DoD funds. The Under Secretary of Defense, Personnel and Readiness issued a memorandum dated September 1, 2005, effective immediately for dependants that were ordered by the Commander (or equivalent DoD authority) to evacuate military installations in Louisiana, Mississippi, and Alabama, due to Hurricane Katrina are authorized to select an alternate safe haven within CONUS. This authority applies where housing was declared uninhabitable by competent authority due to the hurricane. Allowances may not exceed 180 days from the date family members arrive at their alternate safe haven location. Evacuation entitlements can only be paid as of the date the evacuation is ordered/authorized. These entitlements cannot be authorized retroactively. If a Military Official determines an escort is needed where a family member is incapable of traveling alone (IAW JFTR, Par U6053-G), travel and transportation allowances are authorized. Payment is made for the required travel time (JFTR, Par. U6053-G2).

b. DOD Civilian Employees and Their Families. The Under Secretary of Defense in a memorandum dated September 2, 2005 provided that DoD civilian employees who were ordered to evacuate their official duty station in Louisiana, Mississippi, and

Alabama, due to Hurricane Katrina, will comply with the conditions set forth in the evacuation orders issued by a Commander (or equivalent DoD authority). Effective immediately, under Chapter 12, of the Joint Travel Regulations, (JTR), dependents of DoD civilian employees who are under evacuation orders are authorized to select an alternate safe haven within the continental United States. This authority applies to those individuals whose housing was declared uninhabitable by competent authority due to the effect of the hurricane. Note. The Under Secretary of Defense (Personnel and Readiness) has delegated the authority to local officials to order the departure and evacuation of Civilian Employees and their family members. The local officials should be the same as those authorized to order departure and evacuation for military members by the Joint Federal Travel Regulations, Vol 1 (JFTR). These include individuals close to the scene, such as the Commander, Director, Head, Chief or Supervisor of an organization or office, who are directly involved and aware of the situation requiring an evacuation (in geographic areas where the conditions affect more than one Defense Activity, local officials should coordinate prior to ordering an evacuation). In these circumstances, allowances may be paid as soon as the official orders the evacuation.

3. Evacuation Allowances for Military Members and/or Their Family Members.

a. Status of Military Member-TDY or PCS.

(1) Uniformed Members. Uniformed members who are ordered to depart an area being evacuated must be in a TDY or PCS status. Commanders may place members on TDY orders in the local area (IAW JFTR, Par. U410S-H) if they must remain within the limits of their PDS (other than at their residences or normal duty locations) to protect federal property or prevent injury to human life, and if overnight lodging away from their homes is required. Commanders may extend the TDY orders of members who are TDY away from the PDS at the time of the evacuation. If an emergency and special program (ESP) code is established for the evacuation, this code must be used. If a member is on leave, away from the PDS, at the time of evacuation, and the Commander determines that member should not return to the PDS at the end of the leave, the Commander may, if appropriate, order the member into a TDY status at the leave point or nearest military installation. TDY is chargeable to unit funds using the ESP code established for the evacuation. Members enroute to the new PDS, on PCS orders, should contact the gaining unit to determine reporting instructions.

(2) Family Members of Uniformed Members. Family members enroute to the new PDS on PCS orders, when the evacuation of the new PDS is ordered, should remain where located and await further instructions (JFTR, par. U60S3-E).

b. Temporary Government Quarters.

(1) Members ordered to vacate non-government quarters may occupy government quarters, with their family, for no more than 30 days without forfeiting BAH (DoDFMR, Vol 7a, chapter 26, Table 26-5, Rule 2),

(2) Members may occupy temporary lodging facilities (TLF/NAF-owned), with their family members, in excess of 30 days without forfeiture of BAH (56 CompGen. 850 (1977)).

(3) Members, with their family, may occupy government quarters assigned to another member for up to 30 days without forfeiting BAH (IAW DoDFMR, Vol 7a, chapter 26, Par 260302-d, and Table 26-5, Note 1).

c. Uniformed Members Entitlements. Normal TDY entitlements apply.

(1) Special Circumstances. Depending on the situation, TDY may cover special circumstances.

(a) Escort Duties. Members performing escort duties from PDS to Safe Haven/Designated place authorized. Travel and transportation allowances are authorized for the required travel time.

(b) TDY in or Around PDS. Member may be placed on TDY orders in local area if they must remain within the limits of the PDS other than their residences or normal duty locations to protect federal property or prevent injury to human life, and if overnight lodging away from their homes is required.

(c) Members on TDY Orders. TDY orders may be extended for members away from the PDS at time of evacuation.

(d) Leave. Members on leave at time of evacuation may be ordered on TDY at leave point or nearest military installation.

(2) Other Entitlements.

(a) Family Separation Allowance (FSA): There is no entitlement for FSA. FSA is payable if family members are separated from the member by military orders for more than 30 days (DoDFMR, Vol 7a, Pars 270103 and 270104).

(b) Advanced Military Pay: Those affected by this policy are authorized up to two months advance pay (37 USC 1006©) IAW with the Under Secretary of Defense memo referenced in Paragraph 3.

(5) Family Separation Allowance (FSA): There is no entitlement for FSH. FSA is payable if family members are separated from the member by military orders for more than 30 days (DoDFMR, Vol 7a, Pars 270103 and 270104).

(6) Advanced Military Pay: Those affected by this policy are authorized up to two months advance pay (37 USC 1006©) IAW with the Under Secretary of Defense memo referenced in Paragraph 3.

d. Uniformed Members' Dependents Entitlements. Upon authorization/order from an appropriate Military Official, military family members are authorized travel and transportation to a CONUS limited evacuation/safe haven location as specified in Par 3.

(1) Transportation to and From New Location/Safe Haven. Family member transportation entitlements are the same as for PCS, with the exception of allowable mileage during limited evacuations. (JFTR, Par. U6053-I). Family member evacuation orders should be processed on DD Form 1610. The order should reflect the limited evacuation/safe haven location as appropriate. Member's TDY travel orders should be prepared by the member's unit. Travel orders for military family members are prepared by the appropriate personnel readiness unit. If families already at the safe haven location do not have travel orders and require emergency evacuation funding, the travel orders may be prepared by the servicing military personnel office at the military installation nearest the safe haven location. The order must state that evacuees can travel to an alternate location not to exceed the cost to specified location. Family members attempting to comply with an authorized/ordered evacuation that are prevented, by reasons beyond their control, in reaching the directed location are authorized evacuation allowances.

(2) Per Diem. Evacuated military family members are entitled to the following per diem allowances (JFTR, Par. U60S4-d1).

(a) First 30 Days at Safe Haven.\*

-Family members 12 years or older receive 100 percent of the full locality rate.

-Family members under 12 years receive 50 percent of the full locality rate.

(b) Days 31 through 180 at Safe Haven.\*

-Family members 12 years or older receive 60 percent of the full locality rate.\*

-Family members under 12 years receive 30 percent of the full locality rate.\*

\*Note. In general, the calculations follow TDY rules; e.g. actual cost of lodging plus a separate meal and incidental allowance.

(3) Local Travel Allowance. If the family has no privately owned conveyance at the safe haven location, a local travel allowance may be paid law JFTR, Par. U6055. If evacuated family member(s) stay with friends/relatives while at safe haven, no lodging reimbursement is allowed IAW JFTR, Par U60S4-B1. Alternate safe haven locations must be authorized/approved by submitting a request to the Service or Agency Headquarters responsible for approving assignments. There is no entitlement to evacuation allowances for family members who do not evacuate their homes.

(4) Household Storage and Shipment. Installation Commanders have the authority to ship/store household goods (HHG) using local O&M funds, including quarters to quarters (government and economy) moves and non-temporary storage (NTS) of household goods (HHG) for quarters which become uninhabitable at CONUS locations due to a natural disaster. Local moves may be performed under JFTR, Paras U5355D1 and U5380-G2a for economy quarters. These moves are funded by local installation support funds, and cannot be charged to evacuation funding appropriations.

d. Authorized Fund Cites. Service fund cites for evacuations in support of Hurricane Katrina relief.

**ARMY:**

FAMILY MEMBERS/ARMY OFFICERS: 2152010.0000 01-1100 P5X1000 21T1/21T2  
VHUR F3116 5570 S 12120

FAMILY MEMBERS/ARMY ENLISTED: 2152010.0000 01-1100 P5X2000 21T1/21T2  
VHUR F3116 5570 S12120

**NAVY:**

FAMILY MEMBERS/NAVY OFFICERS ACTIVE DUTY: 1751453.2252 R 068566  
AA XUUUUU XI5NNN\*NNN\*N

FAMILY MEMBERS/NAVY ENLISTED ACTIVE DUTY: 1751453.2252 P 068566  
AA RUUUUURI5NNN\*NNN\*N

FAMILY MEMBERS/NAVY OFFICERS RESERVE: 1751405.225L R 068566AA  
XUUUUU XV5NNN\*NNN\*N

FAMILY MEMBERS/NAVY ENLISTED RESERVE: 1751405.225RLP 068566 AA  
RUUUUU RV5NNN\*NNN\*N

R=MEMBER'S RANK, P=MEMBER'S PAYGRADE, U=MEMBER'S UIC,  
N=MEMBER'S SSN

**AIR FORCE:**

(G) FAMILY MEMBERS/AIR FORCE OFFICERS: 5753500 325 5710.0X 525725

(H) FAMILY MEMBERS/AIR FORCE ENLISTED: 5753500 325 5810.0X 525725

X=D FOR FAMILY MEMBER TRAVEL OR K FOR FAMILY MEMBER PER DIEM

**MARINE.**

MARINE CORPS ALL: 17\*1105.2753 021 44690 067443 2D 000000 0000000#####

\*= CURRENT FY .#.#ff=FAMILY MEMBER TRAVEL



CODES: (74186 FOR FAMILY MEMBERS UNDER 12 YEARS OLD)  
(74195 FOR FAMILY MEMBERS 12 YEARS OLD AND OLDER)  
(SDN) M00027\*M0005DO

4. Evacuation Allowances for DoD Civilian Employees and/or Families.

a. Regulatory Guidance. OPM 5 CFR, Part 550, Subpart D implemented by Appendix I, Part B, JTR provides regulatory guidance in making payments to Employees or their dependents, or both, who are evacuated in the United States because of natural disasters or for military or other reasons that create imminent danger to their lives. Allowances may continue for up to 180 days from the effective date of the evacuation and may be terminated earlier through cancellation of the evacuation order.

b. Evacuation Allowances. Civilian employees may be eligible for reimbursement of costs incurred for travel, lodging, and Per Diem needs if they received an order from the Commander and/or local DoD Official(s) (JTR, Appendix I, Part B) to evacuate. A safe haven must be identified, although it doesn't have to be identified in advance if circumstances preclude making and communicating the information. \*Note: If the employee and/or family members remain in their home and do not choose to evacuate, they are not entitled to Per Diem. Evacuation payments will not exceed 180 days.

(1) Evacuation Travel. Travel is at government expense from the installation or residence to the safe haven when travel is authorized to an alternate safe haven the travel is reimbursable. Prior approval must be authorized before travel to an alternate safe haven.

(2) Meals and Incidental Expenses (M&IE) are based on the locality rate of the safe haven. Note: First day and last day are considered as travel days and are paid at 75% of the M&IE rate.

(a) 1-30 days

- Evacuees 18yrs plus paid at 100%
- Evacuees under 18yrs paid at 50%.

(b) 31-180 days

- Evacuees 18 yrs plus paid at 80%
- Evacuees under 18yrs paid at 40%.

Note. Per diem for employee and family member(s) is payable from the date of departure from the evacuated location through the date of arrival at the safe haven, excluding personal travel time. Per Diem is equal to that payable for an employee on temporary duty travel except dependents under 12 receive one-half of that rate. Per Diem for the first 30 days is paid for each family member up to the full per diem rate except that family members under age 12 receive one-half the per diem rate. Per Diem payable is

determined using the lodging plus method described in the JTR, Par. C4553 in an amount not to exceed the applicable rate prescribed for the safe haven location for the employee and for each family member.

(3) Lodging.

(a) Commercial Lodging. Lodging rate for first evacuee paid at 100%. Commercial lodging receipts required.

(b) Non-Commercial Lodging. Lodging rate for first evacuee paid at 10%. Non-Commercial lodging, entitlement ceases after first 30 days.

(4) Clothing Allowance. Evacuees are allowed a one time clothing allowance as follows:.

- (a) 1 evacuee receives \$250
- (b) 2 evacuees receive \$450
- (c) 3+ evacuees receive \$600

(5) Local Transportation. Transportation allowances are paid at \$25 per day throughout evacuation period (up to 180 days).

c. Fund Cite. The Fund Cite for Civilian entitlements is to be used in emergency/unusual circumstances which include, but are not limited to, the evacuation of military facilities because of natural (e.g., hurricane, wildfire) and man-made (e.g., chemical spill, terrorist attack) emergency incidents. This fund cite will be used in these kinds of emergency circumstances for DoD employees, to include the Coast Guard and their family members. Only if the parent organization fails to provide a fund cite at the time of the emergency, agencies have a fiduciary responsibility to reimburse the army for all costs incurred in the evacuation of their personnel and family members. The Civilian DoD Fund Cite is:

21\*2020 22-8701 P113098 XXXNNN\*??3333 VRFM F9896 S12121

(\* = FY X = first 3 of last name n = last 4 OF SSN (?? AA = ARMY, DL = DLA, DOD = DODEA, CO = COE, DC = DECA, AA = AAFES, NA = NAFES, # = SITE CONTROL NUMBER)  
NOTE: ALL DOD PERSONNEL, BOTH MILITARY AND CIVILIAN, ARE PLACED ON TDY ORDERS WITH A FUND CITE PROVIDED BY THEIR EMPLOYING ORGANIZATION.

## **Annex E**

### **Payments to Vendors Due to Non-Receipt**

This annex covers matters related to making stop payments for contractors and Department of Defense (DOD) civilian and military personnel for non-receipt of checks. Additionally, it covers processes for EFT payments that are unable to be deposited due to a bank's inability to accept deposits due to Hurricane Katrina.

Non-receipt of Checks: A DD Form 2660 must be completed by the business owner or DOD employee to initiate stop-payment action on the check.

Have the person complete the DD Form 2660 and obtain verification of the signature via driver's license, civilian or military ID, other picture ID, or two pieces of ID if there is no picture on the forms of identification. When no identification is available, Military personnel need to see on-site Military Personnel Office representatives to obtain verification of ID via DEERS or use alternate verification of identification at Annex B. For contractors contact the issuing contracting office, DCMA Administrative Contracting Officer (ACO) or the DCAA auditor for verification and concurrence of contractor's identification.

Forward DD Form 2660 to the DFAS Payment Site servicing the contract or miscellaneous payment for the DOD civilian or military person. The Payment Site will validate that a payment has been made and take action to immediately have a new check issued and sent to the designated location specified on the DD Form 2660.

Non-receipt of EFT: Request contractor or DOD civilian or military person provide the following information on the attached document:

1. Company or payee name
2. Complete address of business or individual
3. Contract number or type of payment (electric bill, reimbursement for education or medical expense, etc.
4. Name of installation where company performed business or civilian or military duty station
5. Name, address and telephone number of person completing the attached document
6. Name of bank, with city and state

Contact appropriate disbursing support office to determine if EFT is being held or if the EFT transaction has been cancelled. If the EFT is being held then determine if EFT payment can be made to a "Buddy Bank", or if new banking arrangements must be made, or cancelled to permit payment by check.

**Vendor Pay Central Point of Contact phone number is 1-800-756-4571 and press option 6 to get assistance 24/7.**

**Maintain documentation or forward to a DFAS Vendor Pay Site to ensure protection of privacy data and for later use in audit trail needs.**

**CONTRACTOR/INDIVIDUAL INFORMATION FORM**

**Purpose and Use:** This form is used to substantiate the identity and other information necessary to process inquiries and perform other supporting actions.

Company Rep or Individual's Name: \_\_\_\_\_

Company Rep or Individual's Address: \_\_\_\_\_

Contract Number or Payment Type: \_\_\_\_\_

Name of Installation: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Address of This Person: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City and State of Bank: \_\_\_\_\_

Type of ID(s) used in verification of individuals

- a. \_\_\_ Military or Government ID (specify type \_\_\_\_\_)
- b. \_\_\_ Passport
- c. \_\_\_ Driver's license
- d. \_\_\_ Other picture ID (specify type \_\_\_\_\_)
- e. \_\_\_ Other non-picture ID (specify types \_\_\_\_\_ & \_\_\_\_\_)

STATEMENT OF CLAIMANT REQUESTING RECERTIFIED CHECK				Form Approved OMB No. XXXX-XXXX Expires	
<p>Public Release of Information: Collection of information is estimated to average _____ per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204 Arlington, VA 22202-4302 and to the Office of Management and Budget, Paperwork Reduction Project (2000-XXXX), Washington, DC 20503</p> <p>PLEASE PRINT OR TYPE YOUR COMPLETED FORM TO BRANCH OF THE ADDRESS. RETURN COMPLETED FORM TO</p>					
PRIVACY ACT STATEMENT					
AUTHORITY		31 CFR 101-11.6			
PRINCIPAL PURPOSE		To request a recertified check			
ROUTINE USE(S)		Information to be used by the Disbursing Office on the basis for issuing a recertified check and for canceling the original. It is also used to determine if the original check was lost, stolen, etc., and to establish a proper mailing address. This information may also be used for other official purposes, including law enforcement and litigation.			
DISCLOSURE		Voluntary; however, if payee does not provide information, a recertified check cannot be issued.			
<p><b>WARNING:</b> Title 18, Sec. 237, US Code: "Whoever makes or presents to any person or officer in the civil, military, or naval service of the United States, or to any department or agency thereof, any document or against the United States, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."</p>					
1. PAYEE (Show business name of financial organization, if applicable) John D. Boat				2. SSN (for employee identification number) 123 - 45 - 6789	
3. CO-PAYEE OR PAYEE TO BE CREDITED IF ITEM IS A FINANCIAL ORGANIZATION					
4. ADDRESS TO WHICH CHECK WAS MAILED (Include Zip Code) 123 Apple Tree Lane New City, FL 12345-0000 (Check applicable boxes)				5. CORRECT MAILING ADDRESS (If different from item 4)	
6. PURPOSE FOR WHICH CHECK WAS ISSUED (Check applicable box)				7. DATE DUE (Approximate)	
<input checked="" type="checkbox"/> REGULAR PAY <input type="checkbox"/> TRAVEL PAY <input type="checkbox"/> VENDOR PAY <input type="checkbox"/> OTHER (Specify)				9/20/XX	
8. (Check applicable boxes)					
<input checked="" type="checkbox"/> CHECK WAS NOT RECEIVED <input type="checkbox"/> CHECK WAS ENDORSED					
<input type="checkbox"/> CHECK WAS RECEIVED BUT WAS:    (1) LOST    (2) STOLEN    (3) DESTROYED    (4) MUTILATED					
9. (Check applicable box)					
<input checked="" type="checkbox"/> CHECK WAS NOT ENDORSED					
<p>10. CERTIFICATION</p> <p>I certify that I (we) have in no way benefited from the proceeds of the above check, and do hereby request a recertified check be issued to me. I further certify that if I receive the original check, I will not negotiate it but will immediately return it to the Disbursing Office. I fully understand that negotiation of the original and recertified check constitutes a fraudulent act against the United States Government and as such is subject to punishment under Federal law. I further consent to immediate recognition from future pay and allowances due me if I negotiate both the original and recertified check, thereby forfeiting the administrative costs.</p>					
11. SIGNATURE OF PAYEE (Co-payee representative) <i>John D. Boat</i>		12. DATE 9/26/XX		13. SIGNATURE OF CO-PAYEE/THIRD PARTY	
				14. DATE	
FOR DISBURSING OFFICE USE					
15. CHECK DATA					
a. CHECK NUMBER 60990341		b. DATE OF CHECK 9/20/XX		c. CHECK AMOUNT 789.00	
		d. ISSUING DSSN 5098		e. VOUCHER NUMBER 199656	
16. DO REMARKS					

BSNFC015

## **Annex F**

### **Contract / Vendor Pay**

This annex covers matters related to local procurement processes in support of relief efforts by finance operations moving into the affected area and providing for payment via cash. A single purchase at the micro-purchase level may be made at a dollar level of \$15,000.00.

As necessary, Ordering/Purchase Officers may use Standard Forms (SF) 44 to obtain merchandise specified in their appointment orders. The SF 44 must be completed by the Officer and must contain the following information:

Note: Print all information, except when signature is required.

1. Name and address of Seller
2. Location address to which supplies or services will be furnished
3. Description of supplies/services, including quantity, unit price and amount
4. Total amount of purchase
5. Date payment made
6. Name and address of payment office
7. Ordering/Purchase Officer's printed name and title and signature
8. Accounting classification used to make the purchase
9. Name, title and signature of individual that received the supplies or services
10. Name, title and signature of seller
11. Name of cashier or agent officer
12. Name, title and signature of SF 44 Certification Official
13. Signature of payee

The SF 44 will be retained by the Disbursing Agent Officer or Cashier after payment to business or individual selling the merchandise. The SF 44 will be turned-in to the Disbursing Officer at the end of each day's tour of duty to ensure accountability of paid vouchers and to balance against remaining unused cash and other negotiable instruments.

**Vendor Pay Central Point of Contact phone number is 1-800-756-4571 and press option 6 to get assistance 24/7.**

**U. S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER**

<b>DATE OF ORDER</b> 7 APR **		<b>ORDER NO.</b> 127-167	
<b>PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)*</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">PAYEE</div> <div>Johnson Office Supply 1245 Lee Road Richmond Hill, GA 31324</div> </div>			
<b>FURNISH SUPPLIES OR SERVICES TO (Name and address)</b> HQS, 1/91ST MECH INF ATTN: S1, ADJ FORT STEWART, GA 31314			
<b>SUPPLIES OR SERVICES</b>		<b>QUANTITY</b>	<b>UNIT PRICE</b>
Paper, 11 x 14		5 pk	3.50
Ribbons, Panasonic		10 ea.	5.00
/////RECEIVED IN FLD SITE/////			
////ACCOUNTS PAYABLE///			
////////15 APR **////////			
<b>PAYMENT DUE DATE: 10 MAY **</b>			
<b>AGENCY NAME AND BILLING ADDRESS*</b>		<b>TOTAL \$67.50</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">PAYOR</div> <div>DFAS FIELD SITE ATTN: ACCOUNTS PAYABLE FORT STEWART, GA 31314</div> </div>		<b>DISCOUNT TERMS</b> NET % 30 DAYS	
		<b>DATE INVOICE RECEIVED</b>	
<b>ORDERED BY ( Signature and title)</b> R.P. Frazier MAJ, IN			
<b>PURPOSE AND ACCOUNTING DATA</b> 21*2020 76-9505 117096.Z0-26EB W913BD*097006/A111 S09076 \$67.50			
<b>PURCHASER - To sign below for</b>			
<b>RECEIVED BY</b> B. Davis			
<b>TITLE</b> CPT, AG ADJUTANT			<b>DATE</b> 10 APR **
<b>SELLER - Please read instructions on Copy 2</b>			
<input type="checkbox"/> PAYMENT RECEIVED		<input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50	
<b>NO FURTHER INVOICE NEED BE SUBMITTED</b>			
<b>SELLER</b>		<b>DATE</b>	
BY: Jack Lennon J LENNON		10 APR **	
SIGNATURE			
I certify that this account is correct and proper for payment in the amount of		<b>DIFFERENCES</b>	
<del>\$67.50</del>			
James R. Richardson LTCFC, OPLOC (Authorized certifying officer)		<b>AMOUNT VERIFIED: CORRECT FOR</b>	
		\$67.50	
		BY: HAB	
<b>PAID BY</b>	<b>DATE PAID</b>	<b>VOUCHER NO.</b>	
CASH			
OR			

\* PLEASE INCLUDE ZIP CODE      1. SELLER'S INVOICE      STANDARD FORM 44a (Rev. 10-83)  
PRESCRIBED BY GSA  
FAR (48CFR) 53.213(c)

## **Annex G**

### **Payment of Claims**

This annex covers matters related to payment of claims for lost or damaged personal property of DOD civilian or military personnel. Cash payments may be made, as determined by the on-site Disbursing Agent, subject to the conditions announced in his operational instructions.

Persons who have been designated to approve claims under the Federal Tort Claims Act and Other Non-contractual Claims and authorize payment rests with the on-site office of counsel or judge advocate. Claims can be paid against the United States for money damages of:

1. \$2,500.00 or less for Federal Tort Claims Act
2. \$100,000.00 or less for property loss; personal injury or death, incident to non-combat activities of Department of Army, Navy or Air Force
3. \$1,000.00 or less for property loss, personal injury or death, incident to use of property of the United States and not cognizable under other law

The person designated to adjudicate claims will submit supporting documentation to provide for completion of a SF 44, 1034 or 1164 voucher by a vendor pay representative. The vendor pay representative will complete the appropriate voucher form to provide for the following information:

1. Individual payee's or businesses full printed name
2. Individual payee's full SSN or businesses full Tax Identification Number (TIN)
3. Individual payee's full address or businesses full address
4. Description of item(s) that payment covers
5. Date of payment
6. Line(s) of accounting from which funds are being used to make payment
7. DSSN of disbursing office
8. Amount of payment
9. Printed name of vendor pay representative that prepared the voucher
10. Printed name of payment Certification Official
11. Signature of payment Certification Official
12. Signature of payee, if payment is made in cash

**Vendor Pay Central Point of Contact phone number is 1-800-756-4571 and press option 6 to get assistance 24/7.**



**U. S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER**

<b>DATE OF ORDER</b> 7 APR **		<b>ORDER NO.</b> 127-167	
<b>PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)*</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">PAYEE</div> <div>Johnson Office Supply 1245 Lee Road Richmond Hill, GA 31324</div> </div>			
<b>FURNISH SUPPLIES OR SERVICES TO (Name and address)</b> HQS, 1/91ST MECH INF ATTN: S1, ADJ FORT STEWART, GA 31314			
<b>SUPPLIES OR SERVICES</b>		<b>QUANTITY</b>	<b>UNIT PRICE</b>
Paper, 11 x 14		5 pk	3.50
Ribbons, Panasonic		10 ea.	5.00
/////RECEIVED IN FLD SITE/////			
////ACCOUNTS PAYABLE///			
////////15 APR **////////			
<b>PAYMENT DUE DATE: 10 MAY **</b>			
<b>AGENCY NAME AND BILLING ADDRESS*</b>		<b>TOTAL \$67.50</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">PAYOR</div> <div>DFAS FIELD SITE ATTN: ACCOUNTS PAYABLE FORT STEWART, GA 31314</div> </div>		<b>DISCOUNT TERMS</b> NET % 30 DAYS	
		<b>DATE INVOICE RECEIVED</b>	
<b>ORDERED BY ( Signature and title)</b> R.P. Frazier MAJ, IN			
<b>PURPOSE AND ACCOUNTING DATA</b> 21*2020 76-9505 117096.Z0-26EB W913BD*097006/A111 S09076 \$67.50			
<b>PURCHASER - To sign below for</b>			
<b>RECEIVED BY</b> B. Davis			
<b>TITLE</b> CPT, AG ADJUTANT			<b>DATE</b> 10 APR **
<b>SELLER - Please read instructions on Copy 2</b>			
<input type="checkbox"/> PAYMENT RECEIVED		<input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50	
<b>NO FURTHER INVOICE NEED BE SUBMITTED</b>			
<b>SELLER</b>		<b>DATE</b>	
BY: <u>Jack Lennon</u> J LENNON		10 APR **	
<b>SIGNATURE</b>			
I certify that this account is correct and proper for payment in the amount of		<b>DIFFERENCES</b>	
<del>\$67.50</del>			
<b>James R. Richardson</b> LTCFC, OPLOC (Authorized certifying officer)		<b>AMOUNT VERIFIED: CORRECT FOR</b> \$67.50	
		BY <u>HAB</u>	
<b>PAID BY</b>	<b>DATE PAID</b>	<b>VOUCHER NO.</b>	
CASH			
OR			

\* PLEASE INCLUDE ZIP CODE      1. SELLER'S INVOICE      STANDARD FORM 44a (Rev. 10-83)  
PRESCRIBED BY GSA  
FAR (48CFR) 53.213(c)

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER	
<i>Read the Privacy Act Statement on the back of this form.</i>			<b>5. PAID BY</b>
<b>4. CLAIMANT</b>	a. NAME (Last, first, middle initial)  DOE, JANE, J	b. SOCIAL SECURITY NUMBER  111-11-1111	
	c. MAILING ADDRESS (Include ZIP Code)  123 MAIN STREET SOMEWHERE, TX 12345	d. OFFICE TELEPHONE NUMBER  (123) 456-7890	

## 6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE	CODE	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other Expenses (itemized)	MILEAGE RATE 37.5	AMOUNT CLAIMED				
				MILEAGE	FARE OR TOLL	ADD. PER-SONS	TIPS AND MISCEL-LANEOUS	
(a)	(b)	(c) FROM	(d) TO	(e) NO. OF MILES	(f)	(g)	(h)	(i)
5 SEP	A	COLLEGE STATION, TX	RANDOLPH AFB, TX	180.0	67.50			
5 SEP	A	RANDOLPH AFB, TX PURPOSE OF TRIP	COLLEGE STATION, TX IN-PROCESSING APPOINTMENT	180.0	67.50			
21 SEP	A	COLLEGE STATION, TX	RANDOLPH AFB, TX	180.0	67.50			
21 SEP	A	RANDOLPH AFB, TX PURPOSE OF TRIP	COLLEGE STATION, TX ID CARD FOR DEPENDENTS	180.0	67.50			
28 SEP	C	UNIVERSITY APPLICATION FEE						50.00
I certify mileage from home has been deducted from the mileage claimed.								
Jane J. Doe								
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					

7. **AMOUNT CLAIMED** (Total of cols (f), (g) and (i).)

**TOTALS**

720.0	3
-------	---

00

50 | 00

ii. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

*Sign Original Only*

|DATE

APPROVING  
OFFICIAL  
SIGN HERE

9. This claim is certified correct and proper for payment.

*Sign Original Only*

**AUTHORIZED  
CERTIFYING  
OFFICER  
SIGN HERE**

### ACCOUNTING CLASSIFICATION

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

**PAYMENT DESIRED**

*Sign Original Only*

☒ CHECK    ☐ CASHCLAIMANT  
SIGN HERE

11.

|DATE

30-SEP-04

11

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE
---------

12. PAYMENT MADE  
BY CHECK NO.

**STANDARD FORM 1164** (REV. 11-77)  
Prescribed by GSA, FPMR (CFR 41) 101-7

## Annex H Reporting Requirements

Submit the following information weekly. Reported items should only reflect activity in regard to Hurricane Katrina relief efforts.

	Number	Dollar Amount
<b>Personal Checks Cashed:</b>	XXX	XXX
<b>Military Pay Inquiries Processed:</b>	XXX	XXX
<b>Casual/Advance Payments:</b>		
Military service members:		
Army	XXX	XXX
Navy	XXX	XXX
Air Force	XXX	XXX
Marines	XXX	XXX
Civilian Employees:		
Army	XXX	XXX
Navy	XXX	XXX
Air Force	XXX	XXX
Marines	XXX	XXX
Defense Agencies	XXX	XXX
<b>Travel Payments:</b>	XXX	XXX
<b>Evacuation Allowances Paid:</b>		
Military Family Members	XXX	XXX
Civilian Family Members	XXX	XXX
<b>Vendor Payments:</b>	XXX	XXX
<b>Claims Payments:</b>	XXX	XXX